

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000012823

1. Entity Name  
SALON TRIO, L.L.C.



Principal Place of Business  
12515 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156

Mailing Address  
12515 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156



01232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1051958

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KRONGOLD, RANDI M ESQ.  
% KRONGOLD, TODD & SINGER, P.L.  
201 ALHAMBRA CIRCLE, SUITE 801  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000607608  
01/31/07-80045-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
TEJERA, NANCY  
7290 SW 140 TERRACE  
MIAMI, FL 33158

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DIEGO, JENNIFER P  
18701 SW 94 AVENUE  
MIAMI, FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WORTON, MARY K  
16600 SW276 ST.  
HOMESTEAD, FL 33031

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: Mary K Worton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/07

Date

305-251-9145

Daytime Phone #